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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	RCA 89694
First Named Inventor	Daniel Mark Hutchinson et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR PROVIDING DUAL AUTOMATIC GAIN
CONTROL DELAY SETTING IN A TELEVISION RECEIVER**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **July 13, 2000** as United States Application Number or PCT International

Application Number **PCT/US00/19115** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/144,423	July 16, 1999	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label <input type="text"/>				OR <input type="checkbox"/> Correspondence address below	
Name JOSEPH S. TRIPOLI					
Address THOMSON MULTIMEDIA LICENSING INC.					
Address PO Box 5312					
City PRINCETON			State NJ		ZIP 08543-5312
Country USA		Telephone (609-734-9404			Fax (609) 734 - 9700
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name 1-00 DANIEL MARK			Family Name or Surname HUTCHINSON		
Inventor's Signature <i>Daniel Mark Hutchinson</i>					Date 1-4-02
Residence: City CARMEL		State INDIANA	Country US IN		Citizenship US
Mailing Address					
Mailing Address 13790 Laredo Drive					
City Carmel		State Indiana	ZIP 46032	Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name 2-00 GARY DEAN			Family Name or Surname GRUBBS		
Inventor's Signature <i>Gary Dean Grubbs</i>		Date 1-15-02			
Residence: City INDIANAPOLIS		State INDIANA	Country US IN		Citizenship US
Mailing Address					
Mailing Address 8554 Douglaston Court					
City Indianapolis		State Indiana	ZIP 46234	Country US	
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MATTHEW THOMAS		MAYER	
Inventor's Signature <i>Matthew Thomas Mayer</i>		Date 1-3-02	
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		Country	US IN
Citizenship US			
Mailing Address			
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City	Indianapolis	State	Indiana
		ZIP	46240
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
RICARDO		HARO	
Inventor's Signature		Date	
Residence: City	INDIANAPOLIS	State	INDIANA
		Country	US
		Citizenship	MX
Mailing Address			
Mailing Address 8760 Rhone Terrace #2A			
City	Indianapolis	State	Indiana
		Zip	46250
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
		Citizenship	
Mailing Address			
Mailing Address			
City		State	
		Zip	
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